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October 18, 2012

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1024573

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Dear Sir/ Madame:

In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting Voluntary 6(a)(2) Incident Reports for adverse incidents reported to us on October 11, 2012.

Enclosed please find the following item:

1. Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information
(Internal ID: 1-31403704)
2. Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information
(Internal ID: 1-3168692)

If you should have any questions regarding this matter, please do not hesitate to contact me at 920-326-2461 or by email at jklika@neogen.com.

Best Regards,
HACCO, Inc.

Jennifer J. Klika
Manager, Regulatory Affairs and R&D

Enclosures

JJK/dmg

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID 1-31638692
	Address: Indiana		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: New	Location and date of incident Indiana 09/19/2012	Date registrant became aware of incident: 9/26/2012	Was incident part of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 100-1056-61282	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) Brodifacoum	A.I. (s)	A.I. (s)	
	Product 1 Name Havoc Rodenticide Bait Pack Kills Rats & Mice Pellets	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? Yes Intentional misuse? Yes	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Other Residence	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/maintenance of application equipment, manufacturing/ formulating) See Description Notes	
	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

Personal privacy information

9/26/2012 3:28:56 PM Havoc
EPA Reg:100-1056-61282
1.76 ounces

Caller is very hesitant to reveal the details of the exposure. Eventually she indicates a female friend in her 40's may have ingested up to 1 package about 1 week ago. She states the friend was trying to commit suicide; she developed no sxs other than stomach pain. She thinks her friend has seen an MD for the physical sxs and for the suicide attempt. She states her friend is doing OK.

A: - Significant ingestion exposures that go untreated may impair the body's ability to clot blood and place a patient at risk of serious bleeding.

- There is an antidote available, if needed, called Vitamin K1.

- Individuals with a possible history or chronic ingestion require medical attention.

- Patients ingesting more than 10 grams of this product should be evaluated by a health care professional.

- Such patients should have their clotting times checked to see if treatment is needed.

- Patients attempting suicide once may try again and may ingest multiple substances in the attempt.

- Please make sure your friend gets help.

- Please call back with any additional questions or concerns.

9/26/2012 4:35:24 PM case notes sent to client

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Ingestion</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>Yes</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Abdominal Pain, 1 week or less;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-31638692